

**THE KENTUCKY BOARD OF LICENSURE
FOR PRIVATE INVESTIGATORS
PO BOX 1360
FRANKFORT, KY 40602
502-782-8809
<http://kpi.ky.gov>
PI COMPANY LICENSE RENEWAL FORM**

Name _____
Address _____
City _____ State _____ Zip _____

Your Private Investigator Company license number _____ expires on 06/30/2016.

In accordance with KRS 329A.045 and 201 KAR 41:060 Renewal and reinstatement procedures, you are required to renew your company license every two (2) years with the submission of this form, proof of liability insurance (*must be sent WITH your renewal*), and renewal fee of \$250.00, if received PRIOR to June 30, 2016, by check or money order made payable to the **Kentucky State Treasurer, DO NOT SEND CASH**. The fee for renewals received during the 60 day grace period is a total of \$500.00 as set forth in 201 KAR 41:040. Licenses not renewed by the end of the grace period will be terminated and you must immediately CEASE AND DESIST from the practice of private investigation. The reinstatement fee is a total of \$600.00. The inactive status fee is \$100.00. The reactivation fee is \$250.00.

PLEASE COMPLETE THE FOLLOWING: COMPANY LICENSE NUMBER _____

1. Company Name and Address: Is this a new mailing address? ☐ Yes ☐ No

Company Name: _____
Mailing Address: _____
City, State and Zip Code _____

2. Present Business Address: (Only if different from mailing address)

3. Home Phone () _____ Business Phone () _____

4. License Number _____

5. Have you been convicted of a felony or misdemeanor since the last renewal of your license? () No () Yes

If yes, what offense and give details _____

6. Has your license to be a Private Investigator Company in this or any other state been denied or subject to disciplinary action?

() No () Yes. If yes, give details _____

7. Insurance expiration date _____

8. **Please check one.** Do you wish to place your license in an inactive status? () Yes () No

Question number 9 if your license is active please check N/A

9. Do you wish to reactivate your license inactive license () Yes () No () N/A

LICENSEE AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure for Private Investigators.

Date _____ Licensee's Signature _____
(Sign your name - Do not print or type)

DO NOT WRITE BELOW THIS LINE -- FOR BOARD AND OFFICE USE ONLY

Application Approved [] Application Denied [] Defer []

By: _____ Date: _____